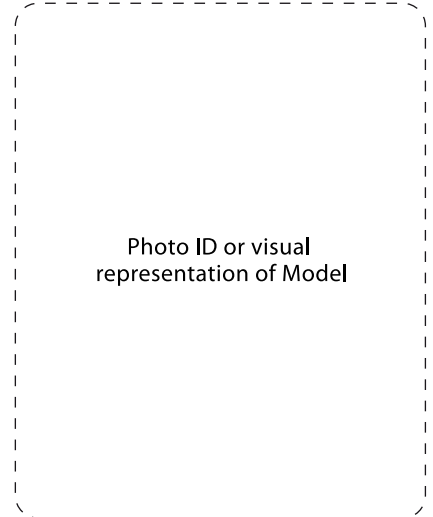


Model Release Document

I, _____
 the undersigned model, from now on will be referred to as „Model“ in this document,
 give to

 (Photographer), his/her legal representatives and successors, as well as persons or corporations, including Dreamstime.com acting with his/her permission, unlimited permission to use, and/or publish and/or copyright photographic portraits or pictures of the Model, and the negatives, prints, transparencies or digital information relevant to them, in which the Model may be included in whole or partly, or modified in form, or reproductions thereof, in color or otherwise, made through any media means in the Photographer's studio or elsewhere for art or any other lawful purpose, in any format, still, single, multiple, moving or video. Hereby I renounce any right that I may have to inspect and approve the finished product or copy that may be used in connection with an image that the Photographer has taken of the Model, or the use to which it may be applied. Furthermore, I release the Photographer, or others, specifically Dreamstime.com, for whom he/she is acting, from any claims of pay associated with any form of damage, be it foreseen or unforeseen, related with the proper artistic or commercial use of these images, unless it can be proven beyond any doubt that mentioned reproduction was caused maliciously, or produced and published with the sole purpose of causing the Model to be subjected to scandal, ridicule, reproach, scorn and indignity. I acknowledge that the photography session took place in a completely correct and professional manner, and this release was signed willingly at its termination. I certify that I am not a minor, and am free and able of giving such consent.



- | | |
|---------------------------------------|---|
| <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| <input type="checkbox"/> ASIAN | <input type="checkbox"/> AFRICAN AMERICAN |
| <input type="checkbox"/> HISPANIC | <input type="checkbox"/> CAUCASIAN/WHITE |
| <input type="checkbox"/> MULTI-RACIAL | <input type="checkbox"/> OTHER |

 MODEL'S FULL NAME *

 MODEL'S DATE OF BIRTH (MM DD YYYY) *

 MODEL'S STREET ADDRESS *

 MODEL'S SIGNATURE *

 MODEL'S PHONE WITH INTERNATIONAL COUNTRY CODE *

 POSTAL/ZIP CODE

 MODEL'S E-MAIL ADDRESS

 TOWN/CITY *

 COUNTRY *

*Fields marked with * are ALL mandatory. Please fill all data in CAPITAL LETTERS. No PO box accepted for address.*

Hereby, the undersigned Photographer grants to the Model permission to use and/or display, and or publish photographic portraits or pictures, and/or digital information relevant to them, in which the Model may be included in whole or partly, or modified in form, or reproductions thereof, in color or otherwise, in any format, still, single, multiple, moving or video, made through any media for lawful promotion of the Model, as long as the copyright of the Photographer is clearly presented with the image.

 DATE (MM DD YYYY)

 PHOTOGRAPHER'S FULL NAME *

 PHOTOGRAPHER'S SIGNATURE *

 WITNESS FULL NAME *

 WITNESS SIGNATURE *

The Model and/or the Photographer cannot witness this document. Document must be printed first and signed by hand.

This form will be retained with all negatives, transparencies, source files, and/or contact sheets.